

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155219		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/25/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635			
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/22/12 and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/25/12</p> <p>Facility Number: 000124 Provider Number: 155219 AIM Number: 100266730</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist</p> <p>At this PSR survey, Kindred Transitional Care and Rehab-South Bend was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for five outside canopies. The facility has a fire alarm</p>		K0000	<p>K0000 The facility requests that this Plan of Correction be considered its credible allegation of compliance. Submission of this response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the administrator, or any other employee, agents or others who draft or may be discussed in the response and plan of correction. In addition, preparation and submission of the POC does not constitute an admission or agreement of any kind by the facility or truth of any facts alleged or the correction of conclusions set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law mandates submission of the Plan of Correction condition to participate in Title 18 and 19 programs. The submission of the POC within this timeframe should in no way be of non compliance or admission by the facility.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2012  
FORM APPROVED  
OMB NO. 0938-0391

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	<p>system with smoke detection in the corridors, spaces open to the corridors and all resident rooms. The facility has a capacity of 157 and had a census of 104 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to smoke detector coverage, however it was not in compliance with state law in regard to sprinkler coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has a small metal shed and a larger wood shed which are used to store maintenance equipment which are not sprinklered. The two car size garage was sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Supervisor on 07/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0056 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 5 of 6 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 81 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 07/25/12 during the tour between 2:10 p.m. and 3:00 p.m. with the Maintenance Supervisor, the following canopies which measured</p>		K0056	<p>K0056 1. The equipment for the sprinklers for the 5 exit canopies have been received and the work was initiated today 8/6/2012. All work is to be completed by 8/24/2012 2. All residents have the potential to be affected by this deficient practice. 3. The areas cited in this survey have been added to the Preventative Maintenance Program. The Maintenance Director shall have the initial responsibility for assuring the areas are being inspected on a monthly basis. These area will also be included in our annual inspections. 4. Any discrepancies with respect to the monthly / annual inspections will be forwarded to the Executive Director for review and then forwarded to the facility Performance Improvement Committee to determine if further monitoring is needed or required.</p>		08/24/2012	

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	<p>greater than four feet wide were not sprinklered.</p> <p>a. The 200 east exit on north wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling</p> <p>b. The 200 west exit on north wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling</p> <p>c. The 200 north exit on north wing was seven feet wide with an additional attached vinyl canopy. The seven foot canopy was constructed of wood rafters and joists with a plywood ceiling and the vinyl roof extension was constructed with aluminum supports.</p> <p>d. The 200 west exit on south wing was seven feet wide and was constructed of wood rafters and joists with a plywood ceiling.</p> <p>e. The 200 south exit on south wing was seven feet wide with an additional attached vinyl canopy. The seven foot canopy was constructed of wood rafters and joists with a plywood ceiling and the vinyl roof extension was constructed with aluminum supports.</p> <p>Based on interview on 07/25/12 at 2:05 p.m. with the Administrator and Maintenance Supervisor, it was acknowledged the aforementioned exit canopies were not sprinklered because their contractor had not been able to work</p>				Any discrepancy will be immediately corrected.		

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	in the attic in the extreme heat, and a letter from the contractor stating this was presented.  3.1-19(b) 3.1-19(ff)						